

**THIS DECISION HAS BEEN APPEALED. THE
FOLLOWING IS THE RELATED SOAH DECISION NUMBER:**

SOAH DOCKET NO. 453-03-2381.M4

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Medical Review Division regarding a medical fee dispute between the requestor and the respondent named above.

I. DISPUTE

1. a. Whether there should be reimbursement for CPT codes 22630-51 and 22630-51-80 and additional reimbursement for CPT code 63047-80.
- b. The request was received on April 24, 2002.

II. EXHIBITS

1. Requestor, Exhibit 1:
 - a. TWCC 60 and Letter Requesting Dispute Resolution
 - b. HCFA's
 - c. EOB
 - d. Medical Records
 - e. Any additional documentation submitted was considered, but has not been summarized because the documentation would not have affected the decision outcome.
2. Respondent, Exhibit 2:
 - a. TWCC 60 and/or Response to a Request for Dispute Resolution
 - b. HCFA's
 - c. Audit summaries/EOB
 - d. Medical Records
 - e. Any additional documentation submitted was considered, but has not been summarized because the documentation would not have affected the decision outcome.
3. Additional documentation from the requestor was requested on May 24, 2002. Requestor submitted additional documentation on May 25, 2002. Signature memo was not returned and a copy of the signature memo was not present in the file; therefore, it is unknown when the respondent signed for their copy. The Respondent did not submit a response to the request. The "No Response Submitted" sheet is reflected in Exhibit 2 of the Commission's case file.

4. Notice of Medical Dispute is reflected as Exhibit #3 of the Commission's case file.

III. PARTIES' POSITIONS

1. Requestor: The requestor states in the rational column of the updated table received January 13, 2003 that... "Per MFG pg 65 E,2(a&b) when vertebral procedures are followed by arthrodesis-51 modifier & mpr applies to arthrodesis... No paid per MFG MAR."
2. Respondent: The respondent states on the TWCC-60 initial response that..."Bill reconsidered and audited. Additional payment of \$5,176.62 issued on 4/15/02."

IV. FINDINGS

1. Based on Commission Rule 133.307(d) (1) (2), the only date of service eligible for review is April 25, 2001.
2. The requestors' representative was contacted on January 8, 2003 to check on the status of the dispute. The requestors' representative reported that they had received the additional payment from the respondent; however, the requestor was not paid according to MAR. On January 13, 2003 Medical Dispute Resolution received an updated table from the requestor.
3. The following table identifies the disputed services and Medical Review Division's rationale:

DOS	CPT or Revenue CODE	BILLED	PAID	EOB Denial Code(s)	MARS (Maximum Allowable Reimbursement)	REFERENCE	RATIONALE:
04/25/01	22630-51	\$3,800.00	\$0.00	G	50% of MAR $\$3,300 \times 50\% = \$1,650.00$	MFG, SGR (I)(D)(1)(b) & MFG, SGR (E)(2)(a-b)	Operative report supports services rendered as billed per MFG. Reimbursement in the amount of \$1,650.00 is recommended.
04/25/01	63047-80	\$1166.50	\$442.50	F	25% of listed MAR $\$3,540 \times 25\% = \885.00	MFG, SGR (I)(D)(1)(b) & MFG, SGR (E)(2)(a-b)	Operative report supports services rendered as billed per MFG. Additional reimbursement in the amount of \$442.50 is recommended.
04/25/01	22630-51-80	\$950.00	\$0.00	G	25% of listed MAR $\$3,300 \times 25\% = \825.00	MFG, SGR (I)(D)(1)(b) & MFG, SGR (E)(2)(a-b)	Operative report supports services rendered as billed per MFG. Reimbursement in the amount of \$825.00 is recommended.
Totals		\$5,916.50	\$442.50				The Requestor is entitled to reimbursement in the amount of \$2,917.50.

The above Findings and Decision are hereby issued this 16th day of January 2003.

Marguerite Foster
Medical Dispute Resolution Officer
Medical Review Division

VI. ORDER

Pursuant to Sections 402.042, 413.016, 413.031, and 413.019 the Medical Review Division hereby ORDERS the Respondent to remit \$2,917.50 plus all accrued interest due at the time of payment to the Requestor within 20 days receipt of this Order.

This Order is hereby issued this 16th day of January 2003.

Roy Lewis, Supervisor
Medical Dispute Resolution
Medical Review Division

MF/mf